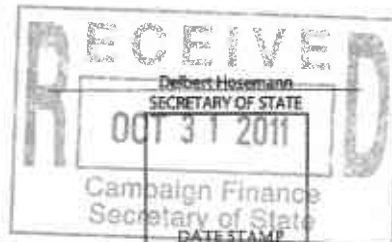


2011 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate Kevin Horan
 Address P.O. Box 2166 County Grenada
 Telephone 662-226-2185 Fax 662-226-2127
 Office Sought House of Representatives, Dist. 24 Political Party Democratic
 Email Address Khoran4dist.24@bellsouth.net

Check here if above is different from previous report

- ☐ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) Mandatory
☐ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) Mandatory
☐ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) Mandatory
☐ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) Primary Candidates
☐ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) Runoff Candidates Only
☐ **October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011) Mandatory
☒ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 29, 2011) Mandatory
☐ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) Runoff Candidates Only
☐ **January 10, 2012 Periodic Report** (October 30, 2011, through December 31, 2011) Mandatory
☐ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-307 (b) (i) and (ii).
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 10,616.49	\$ 948.00	\$ 11,564.49
Total amount of disbursements	\$ 8,612.79	\$ 38,035.98	\$ 46,648.77
Total amount of cash on hand		\$ 48,766.20	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-301 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-3-11 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499.
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee Kevin Horan
 Reporting period Oct. 1, 2011 through Oct. 29, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Robert G. Methvin, Jr.</u>		<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>750.00</u>
Mailing Address <u>3841 Cave Drive</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Birmingham, AL 35213</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Phillip W. McCallum</u>		<u>10</u> / <u>17</u> / <u>11</u>	\$ <u>750.00</u>
Mailing Address <u>2301 Vestavia Drive</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Birmingham, AL 35216</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>Self</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>750.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Mississippi AFL-CIO</u>		<u>10</u> / <u>12</u> / <u>11</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 3379</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39207-3379</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) _____		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>			
Other (please specify) _____			
Full name <u>Mississippi Association of Educators</u>		<u>10</u> / <u>27</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>775 North State Street</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>Jackson, MS 39202-3086</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Name of Employer (Required) <u>N/A</u>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>500.00</u>

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Name of Candidate or Committee

Kevin Horan

Reporting period

Oct. 1, 2011

through

Oct. 29, 2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Scott J. Schwartz	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$ 300.00
Mailing Address P.O. Box 191	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
City, State, Zip Code Hattiesburg, MS 39403	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
Name of Employer (Required) self	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
Occupation (Required) attorney	Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Jonathan M. Farris	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$ 250.00
Mailing Address 6645 US Highway 98, Suite 3	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
City, State, Zip Code Hattiesburg, MS 39402	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
Name of Employer (Required) self	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
Occupation (Required) attorney	Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Mississippi Sierra Club	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$ 500.00
Mailing Address P.O. Box 4335	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
City, State, Zip Code Jackson, MS 39216	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
Name of Employer (Required) N/A	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input checked="" type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name Kevin Horan	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$ 6,290.74
Mailing Address P.O. Box 2166	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$ 895.25
City, State, Zip Code Grenada, MS 38902	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$ 150.00
Name of Employer (Required)	<input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/>	\$
Occupation (Required)	Aggregate year-to-date	\$ 21,204.06